Testimony to the Aging Committee and Human Services Committee

Presented by Mag Morelli, President

February 16, 2023

Regarding

- **Senate Bill 930, An Act Requiring Notice of a Proposed Transfer or Discharge of a Nursing Home Facility Resident to the State Ombudsman**
- **Senate Bill 989, An Act Concerning Nursing Homes**
- **House Bill 6626, An Act Concerning Long-Term Care**
- **House Bill 6627, An Act Concerning the Office of The Attorney General's Proposed Remedies for Deficient Long-term Care**
- **House Bill 6386, An Act Concerning Safeguarding the Rights, Health, Finances and Quality of Life of Nursing Home Residents**
- **House Bill 6575, An Act Encouraging Socialization for Nursing Home Residents by Providing Transportation for Visits with Family**
- **House Bill 6578, An Act Concerning Air Conditioning in Nursing Homes**

Good afternoon, Chairpersons, Ranking Members and Members of the Aging and Human Services Committees. My name is Mag Morelli and I am the President of LeadingAge Connecticut. LeadingAge Connecticut is a membership association of not-for-profit and mission-driven organizations representing the entire field of aging services and senior housing, including 39 such nursing homes. On behalf of LeadingAge Connecticut, I am pleased to testify before you today.

We understand that a focus of today's public hearing is to begin a meaningful debate on how we, as a state, can ensure Connecticut's older adults and families have access to quality nursing home care. LeadingAge Connecticut stands ready to work in partnership in this effort and we have submitted written testimony on all of the bills before you today. We were also pleased to recently co-present an overview of the nursing home reimbursement and oversight systems and we have provided a link to that presentation as a resource.

I do want to convey to the committee members and to the consumers who may be listening to this hearing, that the vast majority of our state's nursing homes provide quality care and do so within an environment and culture that puts the resident at the center of that care. And to any potential employees, we understand that caring for older adults is more than just a job. It is a calling and a

passion for many professional caregivers and there are wonderful nursing homes that provide a work culture that nurtures that calling and deeply appreciate their employees and all of their team members. Please don't be discouraged as we roll up our sleeves and begin the work that is needed to be done to ensure that quality care is provided in every aging services setting. We need you within this field and encourage you to follow your passion.

Regarding the bills before you today, we ask the Committees to review our written testimony and to consider our comments as you debate these proposals. First, we want to thank the Human Services Committee for raising two pieces of legislation that we strongly support. We are appreciative to you for including Senate Bill 989's legislative update to the administrative process currently required to maintain the nursing home waiting list. Connecticut's waiting list law has been in place for decades, and our statutes and regulations are out of date – particularly with regard to the manner in which the list must be maintained and the manner in which persons on the list must be contacted. We strongly encourage your support for updating these requirements to allow for modernization of the waiting list maintenance.

We also thank the Human Services Committee for raising Senate Bill 6626 which would enable and encourage the Department of Social Services (DSS) to submit a state plan amendment to add the Program of All-Inclusive Care for the Elderly (PACE) as an option within the state's Medicaid program. A PACE program provides comprehensive medical and social services to older adults who are assessed at nursing home level of care, but who are still living in the community and who are covered by both Medicaid and Medicare. It is a wonderful choice for dual eligible older adults who wish to stay and age well in their community.

Regarding the other provisions before you today, we have provided extensive written comments that we ask you to consider. In particular, as you review the staffing ratio proposal, we respectfully request that you keep in mind that we are still in the midst of a workforce crisis. In addition, staffing to meet residents' needs, as has always been the federal and state regulatory requirement, is really an art and not a science and will vary from facility to facility. We have asked the same of the federal authorities who are expected to release a new federal staffing rule very shortly. We also suggest that since the legislature just increased our state minimum staffing mandate in 2021, and we are still in the implementation phase of that new standard, it may be in the state's interest to wait for that federal standard to be established before making additional changes in state statute.

With regard to House Bill 6386, we provide testimony on the intricate federal rules for Medicaid eligibility determination for long term care coverage and the financial consequences that may result when a nursing home is not permitted to pursue or secure collections.

Regarding House Bill 6627, we cannot support this bill which would create a separate and duplicative layer of investigations and enforcement on top of the other state and federal enforcement agencies, which already have extensive investigatory powers and authority to assess civil monetary penalties, halt admissions, and close homes when egregious violations are found.

Again, on behalf of our nonprofit, mission-driven members, we thank you for this opportunity to testify. LeadingAge Connecticut stands ready to collaborate with the state legislature and the administration on behalf of our members, and looks forward to continuing the ongoing discussion of how to ensure quality nursing home care to older Americans and their families.

Senate Bill 930, An Act Requiring Notice of a Proposed Transfer or Discharge of a Nursing Home Facility Resident to the State Ombudsman

This bill proposes to mandate the simultaneous transmission of a notice of involuntary discharge to the Office of the Long-Term Care Ombudsman. **We cannot support this bill as currently proposed**. Skilled nursing facilities that are certified by the Centers for Medicare and Medicaid are already required by federal rule § 483.15 (c) to provide a copy of the involuntary transfer or discharge notice that is provided to the resident, to a representative of the State Long-Term Care Ombudsman. In addition, last year the state legislature passed PA 22-57 which included the mandate that such copies be provided through an electronic portal developed by the State Long-Term Care Ombudsman. This was mandated of both nursing homes and residential care homes, the latter of which was previously not required to report involuntary transfers or discharges to the State Long-Term Care Ombudsman.

Because the notice for nursing home transfers and discharges must be provided to the resident *no later than 30 days prior* to the designated date of transfer or discharge, we do not agree with the need to provide the report to the state ombudsman simultaneously. This would place an undue administrative burden on both the skilled nursing facility and the residential care home and the proposed penalty of invalidating the 30-day notice is much too harsh for what might be caused by an unintentional administrative delay.

We do not believe that there is a need for this additional mandate, but if there is a demonstrated need to provide the copies to the state ombudsman in a timelier manner, then we would ask that any time requirement for notice to the state ombudsman be no less than within five business days of providing the original notice to the resident. We also would request that the emergency hospital transfers which are currently allowed to be provided to the state ombudsman in a monthly batch not be included in this additional administrative mandate.

Senate Bill 989, An Act Concerning Nursing Homes

This bill contains several proposals and we are pleased to provide the following testimony divided by each section(s) of the bill. Please note that we are in strong support of Section 5 which will update the nursing home waiting list law.

Sections 1 & 2: Mandating Air Conditioning Systems Be Installed in Each Resident Room – *Do Not Support as Proposed*

LeadingAge Connecticut cannot support this bill as written. The bill before you today would mandate that within little more than a year, all nursing homes must have an air conditioning system in all resident rooms. It is our opinion that this mandate is overreaching and will impose an extremely expensive requirement on many nursing homes that already have adequate cooling systems and emergency hot weather plans, but that do not specifically have air conditioning systems in every resident room.

The aim should be that every nursing home have an adequate cooling or climate control system to provide for the comfort, health and safety of their residents and an adequate plan in place for extreme heat or hot weather emergencies. Each nursing home's cooling or climate control system

and hot weather plan should be reviewed with regulators and steps taken to upgrade or install additional equipment as necessary to ensure the comfort, health and safety of residents during hot weather conditions. This would be a more practical way to effectively approach this concern considering the diverse array of nursing home buildings in this state. Many of the nursing homes that were built over forty years ago were designed to have air conditioning in hallways and common spaces. Some buildings install individual window units in resident rooms as needed. Other older buildings have chiller units to provide climate control in the warmer weather.

Nursing homes that would be affected by this mandate would be looking at costs of tens of thousands and up to hundreds of thousands of dollars each, and yet we are not certain how many of these homes may have an actual hot weather cooling concern. We would encourage the committees to first request that the state survey the current nursing home buildings and conduct an assessment of their climate control needs. Once the needs are determined, then the fiscal impact can be assessed and a comprehensive plan to address the actual buildings in need of install or upgrades of climate control infrastructure can be submitted to the legislature for review and funding.

The reports of heat emergencies in isolated nursing homes should not be ignored. We agree that nursing homes should plan for extreme weather conditions, as they do for other emergency scenarios. In addition, the Department of Public Health is very diligent about sending out recommendations for management of nursing home residents during hot weather. These recommendations are routinely incorporated into nursing homes' emergency operations plans. We would support enhancing the planning requirements so that all such plans are submitted annually to the Department of Public Health on a date specific and prior to the months of potential hot weather and we would welcome and encourage a dialogue with the Department on other ways nursing homes can prepare for weather related emergencies in a proactive manner.

We do appreciate the loan proposal contained in the bill to provide assistance to nursing homes seeking to finance air conditioning installations, enhancements or upgrades. However, we must point out that this is a loan program and not a grant or direct reimbursement. A study of the complete cost of not only installing new systems, but also providing financial assistance in the form of grants, loans and fair rent rate add-ons to upgrade existing systems, should be conducted and the cooling infrastructure needs of the current nursing home physical plants that are identified through this study can then be addressed.

Section 3: Immediate Transmission of Copy of Involuntary Transfer and Discharge Notice to the State Ombudsman – *Do Not Support as Proposed*

This section of the bill proposes to mandate the simultaneous transmission of a notice of involuntary discharge to the Office of the Long-Term Care Ombudsman. We cannot support this bill as currently proposed. Skilled nursing facilities that are certified by the Centers for Medicare and Medicaid are already required by federal rule § 483.15 (c) to provide a copy of the involuntary transfer or discharge notice that is provided to the resident, to a representative of the State Long-Term Care Ombudsman. In addition, last year the state legislature passed PA 22-57 which included the mandate that such copies be provided through an electronic portal developed by the State Long-Term Care Ombudsman. This was mandated of both nursing homes and residential care homes, the latter of which was previously not required to report involuntary transfers or discharges to the State Long-Term Care Ombudsman.

Because the notice for nursing home transfers and discharges must be provided to the resident no later than 30 days prior to the designated date of transfer or discharge, we do not agree with the need to provide the report to the state ombudsman simultaneously. This would place an undue administrative burden on both the skilled nursing facility and the residential care home and the proposed penalty of invalidating the 30-day notice is much too harsh for what might be caused by an unintentional administrative delay.

We do not believe that there is a need for this additional mandate, but if there is a demonstrated need to provide the copies to the state ombudsman in a timelier manner, then we would ask that any time requirement for notice to the state ombudsman be no less than within five business days of providing the original notice to the resident. We also would request that the emergency hospital transfers which are currently allowed to be provided to the state ombudsman in a monthly batch not be included in this additional administrative mandate.

Section 4: Grant Program to Assist with NEMT to Family Visits

We have no objection to this section of the bill which is permissive in nature and we appreciate the attempt to provide financial support to facilitate the effort.

Section 5: Updating the Waiting List Administrative Requirements – *Strongly Support*

LeadingAge Connecticut thanks the Committees for considering this proposed statutory update to the administrative process currently required to maintain the state mandated nursing home waiting list. Connecticut's waiting list law applies to nursing homes that participate in Medicaid and we are perhaps the only state in the nation that still has such a law. The requirement has been in place for decades, and our statutes and regulations are out of date – particularly with regard to the manner in which the list must be maintained (required to be in a bound paper volume), the manner in which persons on the list must be communicated with (via written letter), and the type of lists that must be maintained (requiring both an inquiry list and an actual waiting list). We support the proposed updating of the requirements which will allow for modernization of the waiting list maintenance that will benefit both the nursing home and the potential resident who is seeking placement.

Waiting list laws are currently established in Conn. Gen. Stat. 19a-533 and DSS Regulations 17-311-201 – 17-311-209. The proposed language of this bill would update the requirements in Section 19a-533 to allow for modernization of the waiting list maintenance. The statutory updates would also impact the regulations by overriding the outdated regulatory requirements.

The update would do the following:

- Allow for the waiting list to be maintained electronically and/or in a manner other than the currently required "bound volume" and allow for the dated notations on the list to be made electronically.
- Modify the requirements to allow for the nursing home admission application to be made available to prospective residents on the nursing home's website or be emailed, rather than being mailed.
- Remove the need to issue a written receipt upon inquiry and to maintain a separate "inquiry list," (which is set out in regulations promulgated nearly 30 years ago), but keep the

requirement that a waiting list be maintained for those who actually submit a nursing home application with the intent of being placed on the waiting list.

- Modify the statutory requirement that a nursing home record a daily patient roster related to payor mix since most facilities can pull this data from their electronic record systems. The bill amends the statute to require instead that the data be maintained and made available to the Ombudsman upon request.
- Amend the statutory provisions for periodically contacting individuals on the waiting list about whether they wish to remain on the list by replacing references to *sending letters* with "contacting" the individual to afford more flexibility in how the contact is made.

Section 6: Cost Report Summaries – *Do Not Support as Proposed*

This section of the bill proposes that each nursing home take on the burden of drafting a summary of their cost report that would be submitted along with the report. The cost report is a financial report that is submitted annually to the Department of Social Services (DSS) by each nursing home. The cost reports serve as the basis for the rate calculation done during a rebasing year and they are currently posted and made public on the DSS website.

The cost report is a detailed, multi-page financial report that provides objective cost information to the state within a format prescribed by the state. The cost report is most often prepared by a financial consultant on behalf of the nursing home. This bill is proposing the addition of a subjectively written narrative summary.

We assume the summary is being proposed to aid the general public in reading the cost report and evaluating nursing homes based on their cost reports. We have concerns that adding the burdensome task of developing a narrative description would not provide the desired results as there would be no guarantee of objective consistency amongst the summaries. Rather, it would be more efficient and effective if DSS were to develop a consumer-friendly document instructing the public on how to read the cost report or if DSS itself set up some type of objective summary table that would draw data directly from the report.

LeadingAge Connecticut represents the non-profit sector of the nursing home field and as such, we are not averse to transparency. Our IRS Form 990s are made public and we have never opposed the public disclosure of the cost reports. Our members also believe in the mission of the non-profit sector and have historically spent significantly more on resident care and services than the amount they receive through their Medicaid rates. However, we do not agree with the proposal to require individual subjective narrative summaries of the cost report as we do not believe that the questionable benefit of that approach outweighs the increased burdens involved in this administrative task.

Section 8: Removal of $50,000 Threshold for the Purpose of Requiring Profit and Loss Statement of Related Party

Again, while not opposed to transparency, we do request that any additional requirements placed on the cost reporting process be meaningful in nature and worthy of the additional administrative burden they may impose.

Section 9: New Minimum and Prescriptive Staffing Ratios – *Do Not Support as Proposed*

In 2021, a new minimum nursing home staffing level was enacted into statute in PA 21-185, Sec. 10, requiring that the Department of Public Health *(1) establish minimum staffing level requirements for nursing homes of three hours of direct care per resident per day, and (2) modify staffing level requirements for social work and recreational staff of nursing homes such that the requirements (A) for social work are one full-time social worker per sixty residents, and (B) for recreational staff are lower than the current requirements, as deemed appropriate by the Commissioner of Public Health.* Since the recreational staff mandate was to be lower in that public act, we can support this bill's proposal to raise the recreational staff requirements. We cannot however, support increasing the recently enacted minimum direct care staffing at this time in the manner that is proposed.

This section of bill proposes a minimum requirement of 4.1 hours of direct care per resident day, but it also proposes specific ratios per licensure category within that overall staffing level minimum. We cannot support those specific ratios. One staffing level does not fit all needs**.** The needs and underlying condition of nursing home residents nationwide vary widely and to mandate specific ratios of CNA, RN and LPN within an overall minimum staffing level goes against the concept of flexing your staffing to meet the needs of the resident and flies in the face of our new acuity-based reimbursement system. These specific ratios outlined in this bill proposal are based on a decades-old national study that does not recognize the increased acuity of many current nursing home residents. It also does not take into account this states' 24-hour registered nurse requirement nor our strong use of the LPN in our nursing homes.

Nursing care is important. The direct care provided to a nursing home resident is not just personal care. Residents also receive direct nursing care such as medication administration and treatments as well as nursing assessments. Nursing care must be provided by a registered nurse (RN) or licensed practical nurse (LPN). In fact, only a registered nurse is authorized to perform the actual nursing assessment; an LPN can examine the resident and provide information to the registered nurse, but the actual assessment must be done by the registered nurse. Nursing assessments are important, and required, components of the resident's overall care. Assessments determine the individualized care plan and must be conducted whenever there is a significant change of condition, and when required to be updated under state and federal requirements. Some nursing homes have chosen to staff nursing positions with more highly qualified registered nurses. Nursing homes that provide a strong level of direct registered nursing care are to be commended, not discounted, and we strongly object to any minimum staffing levels that disregard the importance of direct resident care that is provided by a registered nurse.

LeadingAge Connecticut understands the interest in raising the minimum nursing home staffing requirements again, but we cannot support this proposal at this time. While our strongest objection is to the proposed breakout of specific ratios by nursing credential, we also must be realistic in recognizing that the current workforce shortage is thwarting the efforts of many aging service providers to staff at the higher levels to which they aspire. There are just too few people available to hire in nursing homes. Like much of health care and other sectors of the economy, nursing homes are struggling with employee shortages marked by significant challenges in recruiting, training and retaining qualified care professionals. We appreciate all of the workforce training efforts currently underway and we ask that this effort be prioritized by the state.

As the committee members may know, the federal government is currently preparing to launch new staffing requirements that will apply to all of Connecticut's nursing homes as they are all federally certified. We have also encouraged the federal regulators, the Centers for Medicare and Medicaid (CMS), to be realistic in this rulemaking and to address the issue of nursing home staffing ratios within the reality of the current staffing and funding crisis. Since the federal government will be establishing minimum staffing levels, we believe it is premature for the state to amend the current minimum staffing levels that were enacted into statute just two years ago. It would be in the state's interest to wait until the federal standards are issued.

A very important issue that must be addressed is the Medicaid reimbursement with regard to nursing home staffing. Quality nursing home providers staff to meet the needs of their residents. Many homes are staffing near or above the proposed 4.1 hours of direct care per resident day, but the Medicaid reimbursement rate does not cover the cost of this higher staffing. The vast majority of nursing homes that show high levels of staffing are also showing significant differentials between what the state Medicaid system is supposed to pay them according to their costs – and what the Medicaid system is actually paying them. Very simply, they are not being reimbursed for their staffing costs. While grateful that the state has implemented a true rebasing of the nursing home Medicaid rates that will be phased in over a three-year period, those rates are based on the 2019 base year. The costs associated with wages and benefits have increased significantly since 2019 and the Medicaid rates need to keep pace with that inflation. We therefore urge the Committee to insist that any legislation implemented to address minimum staffing levels also include the funding needed by those nursing homes to meet any new staffing minimums, and also the additional funding needed by all nursing homes to keep pace with the inflationary cost of retaining current staff.

We close by again articulating our concern regarding the ability to recruit and retain an aging services workforce that can meet the needs and demands of our aging population. We ask that the Committee support efforts to enhance the long-term services and supports workforce through expanded training opportunities, increased funding for reimbursement rates, and other efforts aimed at attracting and retaining workforce talent within the field of aging services. Workforce competition has intensified and recruitment efforts in the field of aging services have been dramatically impacted by the pandemic. We need a long-term investment in aging services provider rates to assist providers with recruitment and retention of a strong and skilled workforce that is urgently needed as our state rapidly ages.

House Bill 6626, An Act Concerning Long-Term Care

LeadingAge Connecticut strongly supports this bill which would enable and hopefully encourage the Department of Social Services (DSS) to submit a state plan amendment to add the Program of All-Inclusive Care for the Elderly (PACE) as an option within the state's Medicaid program.

A PACE program provides comprehensive medical and social services to older adults who are assessed at nursing home level of care, but who are still living in the community and who are covered by both Medicaid and Medicare. For most participants, the comprehensive service package provided by a PACE program enables them to remain in the community rather than transitioning into a nursing home. Financing for the program is capped, which allows PACE providers to deliver all services

participants need, when they need them, rather than only those reimbursable under Medicare and Medicaid fee-for-service plans.

A PACE program is geographically centered and offers a varied team of health care providers and multiple services to those enrolled in the program, such as primary care, rehabilitation, adult day services, home health care, respite services, caregiver training and transportation. PACE becomes the sole source of services for Medicare and Medicaid eligible enrollees who choose the option and individuals can leave the program at any time. We have attached a fact sheet from the National PACE Association that might be helpful to the Committee.

States can elect to provide PACE services to Medicaid beneficiaries as an optional Medicaid benefit and all of our surrounding states have done so. Currently, 149 PACE programs operate 306 PACE centers in 30 other states, serving approximately 60,000 participants.

Over twenty years ago the state had enacted legislation to move forward with a PACE option, but it was not accomplished by the deadline set in statute. Several LeadingAge Connecticut members have since shown interest in establishing PACE programs and all of our surrounding states offer PACE programs. It is viewed nationally as an exceptional program for older adults. This bill before you today would amend the current statute to again allow DSS to move forward with a state plan amendment to add this community-based option to our Medicaid program. LeadingAge Connecticut urges your support of this proposal.

House Bill 6627, An Act Concerning the Office of The Attorney General's Proposed Remedies for Deficient Long-term Care

LeadingAge Connecticut does not support this bill. We do understand the desire to confirm that Medicaid funds are used for the purpose for which they are intended, but we cannot support the creation of a duplicative level of state oversight. Skilled nursing facilities are already regulated by the Centers for Medicare and Medicaid (CMS), the Department of Public Health (DPH), and the Department of Social Services (DSS). DPH has the authority to impose state civil penalties and they serve as an investigatory agent of CMS which can also impose civil monetary penalties. DSS audits and oversees the Medicaid payments made to nursing homes and has the power to recoup those payments and in certain circumstances impose civil penalties. The Office of the Attorney General currently has the authority to investigate and initiate enforcement actions through the False Claims Act and other state laws. This proposed expansion of authority is excessive. Nursing homes are one of the most highly regulated sectors of health care in our state and we do not see the need to impose a duplicative level of state oversight. ***We oppose the passage of this bill.***

House Bill 6386, An Act Concerning Safeguarding the Rights, Health, Finances and Quality of Life of Nursing Home Residents

Sections 1 and 2 of this proposal address the Medicaid application process for long term care coverage. The Medicaid program is the only public source of funding for long term care. The program is regulated by the federal government and administered by the Centers for Medicare and Medicaid (CMS). There are extensive federal rules for Medicaid eligibility determination for long term care

coverage that the state, the applicant and the provider must work within. The intricate eligibility rules require a five year look back in to the applicant's financial history to determine whether inappropriate transfers of assets have been made which would deem the applicant ineligible for certain set time periods. Inappropriate transfers may result in extended periods of time where the Medicaid program will not pay the nursing home. It can be a severe financial hardship for a nursing home to face these extended periods of non-payment. Delays in completing the Medicaid application process for long term care coverage can also cause financial distress for the nursing home provider.

Most nursing homes work extremely hard to assist the Medicaid applicant in completing the application process because it is in their financial interest to have the case granted so that the nursing home can receive payment for the nursing home care and services rendered. There are times when a nursing home will need to initiate collection actions, often when there is a delay or disregard of the Medicaid application process on the part of the applicant. There are also times when a nursing home must take steps to secure the assets that are deemed by the state to be owed to the nursing home, such as the proceeds from the future sale of a home or other asset. Finally, Medicaid applications may be denied or granted subject to the penalties described above. Under this proposal, the nursing home would have no ability to pursue collection until a final decision has been issued on the resident's Medicaid eligibility and all appeals have been exhausted. This would leave nursing homes in the untenable and unfair position once the application is denied, or a penalty imposed, of having to continue providing care without compensation on top of mounting debts with no ability to get paid for even a portion of the debts owed. **We urge the Committee not to limit the provider's ability to secure payment for the nursing home care they provide**. If nursing homes were restricted in their collection efforts as proposed in Section 2 of this bill, they would be placed at a great disadvantage and would be left open to incurring large amounts of bad debt and the resulting financial distress.

The bill also proposes in Section 3 to raise the maximum amount the state can assess in a civil penalty for the misuse of a Medicaid rate increase intended for wage enhancement. **We are pleased to note that to date, the state has not had reason to impose this category of civil penalty.**

Finally, Sections 4 and 5 propose to add a civil penalty against a nursing home for staffing level requirement non-compliance, but the modifications to the existing statute that are proposed in Section 4 are unnecessary for this effort since the state already has the authority to issue civil penalties when facilities do not staff to meet resident needs. We also note that these sections propose to extend the authority of DPH to issue civil penalties against all licensed institutions. Currently, the only licensed health care providers to be subject to civil penalties by the state are nursing homes and residential care homes. ***We oppose the expansion of DPH's authority to impose civil penalties on health care providers other than nursing homes and residential care homes.***

House Bill 6575, An Act Encouraging Socialization for Nursing Home Residents by Providing Transportation for Visits with Family

We have no objection to this bill which is permissive in nature and we appreciate the attempt to provide financial support to facilitate the effort.

House Bill 6578, An Act Concerning Air Conditioning in Nursing Homes

LeadingAge Connecticut cannot support this bill as written. The bill before you today would mandate that within little more than a year, all nursing homes must have an air conditioning system in all resident rooms. It is our opinion that this mandate is overreaching and will impose an extremely expensive requirement on many nursing homes that already have adequate cooling systems and emergency hot weather plans, but that do not specifically have air conditioning systems in every resident room.

The aim should be that every nursing home have an adequate cooling or climate control system to provide for the comfort, health and safety of their residents and an adequate plan in place for extreme heat or hot weather emergencies. Each nursing home's cooling or climate control system and hot weather plan should be reviewed with regulators and steps taken to upgrade or install additional equipment as necessary to ensure the comfort, health and safety of residents during hot weather conditions. This would be a more practical way to effectively approach this concern considering the diverse array of nursing home buildings in this state. Many of the nursing homes that were built over forty years ago were designed to have air conditioning in hallways and common spaces. Some buildings install individual window units in resident rooms as needed. Other older buildings have chiller units to provide climate control in the warmer weather.

Nursing homes that would be affected by this mandate would be looking at costs of tens of thousands and up to hundreds of thousands of dollars each, and yet we are not certain how many of these homes may have an actual hot weather cooling concern. We would encourage the committees to first request that the state survey the current nursing home buildings and conduct an assessment of their climate control needs. Once the needs are determined, then the fiscal impact can be assessed and a comprehensive plan to address the actual buildings in need of install or upgrades of climate control infrastructure can be submitted to the legislature for review and funding.

The reports of heat emergencies in isolated nursing homes should not be ignored. We agree that nursing homes should plan for extreme weather conditions, as they do for other emergency scenarios. In addition, the Department of Public Health is very diligent about sending out recommendations for management of nursing home residents during hot weather. These recommendations are routinely incorporated into nursing homes' emergency operations plans. We would support enhancing the planning requirements so that all such plans are submitted annually to the Department of Public Health on a date specific and prior to the months of potential hot weather and we would welcome and encourage a dialogue with the Department on other ways nursing homes can prepare for weather related emergencies in a proactive manner.

We do appreciate the loan proposal contained in the bill to provide assistance to nursing homes seeking to finance air conditioning installations, enhancements or upgrades. However, we must point out that this is a loan program and not a grant or direct reimbursement. A study of the complete cost of not only installing new systems, but also providing financial assistance in the form of grants, loans and fair rent rate add-ons to upgrade existing systems, should be conducted and the cooling infrastructure needs of the current nursing home physical plants that are identified through this study can then be addressed.

Respectfully submitted, Mag Morelli, President, LeadingAge Connecticut, mmorelli@leadingagect.org